



CENTER HARBOR POLICE DEPARTMENT  
BUSINESS SECURITY INFORMATION FORM

Please read through this form completely before beginning to fill in the information requested. Should you have any questions, please feel free to contact us and we will assist you. Please fill in ALL of the information requested to help ensure the safety of our officers while checking businesses or responding to alarms. Please be sure to return both pages of this form, complete with signature and date.

Completion of this form does not guarantee your business will be safe from vandalism, burglar, or any other type of emergency, but does provide the police/fire departments with information necessary to ensure a safe and timely response.

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**CONTACT PERSON(S) TO BE NOTIFIED IN CASE OF AN EMERGENCY:** Please list at least 3 people **who have keys** and are able to respond.

Please list in the order to be called:

- |    |       |            |       |
|----|-------|------------|-------|
| 1. | _____ | TELEPHONE: | _____ |
| 2. | _____ | TELEPHONE: | _____ |
| 3. | _____ | TELEPHONE: | _____ |
| 4. | _____ | TELEPHONE: | _____ |

DO YOU HAVE A CLEANING CREW? \_\_\_\_\_

IF YES, NAME OF COMPANY: \_\_\_\_\_

OVER

DO YOU HAVE AN ALARM SYSTEM? \_\_\_\_\_

IF YES, COMPLETE FOLLOWING SECTION

TYPE OF ALARM: Audible \_\_\_\_\_ Silent \_\_\_\_\_ Burglary \_\_\_\_\_ Panic \_\_\_\_\_

Fire \_\_\_\_\_ Low Temp \_\_\_\_\_ Carbon Monoxide \_\_\_\_\_ Other \_\_\_\_\_

FIRE ALARMS ONLY – LOCATION OF KNOX BOX: \_\_\_\_\_

ALARM MONITORING COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**BUSINESSES ONLY**

BUSINESS HOURS:

	SUMMER		WINTER	
	OPEN	CLOSED	OPEN	CLOSED
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____

DOES ANYONE ELSE HAVE ACCESS TO YOUR BUSINESS? IF SO, WHO?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person  
Filling out Form

\_\_\_\_\_  
Date